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Date

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Under the Paperwork Reducti	on Act of 1995	no persons are requ	ired to res	pond to a collection	of inform	ation unless it displa	ys a valid OMB control number	
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num	ber	10/564,486 Conf. No.: 9185		
FEE TRANSMITTAL For FY 2009				Filing Date		January 13, 2006		
				First Named Inv	entor l	lyo-Kun SON		
				Examiner Name	. -	J. Y. Miyoshi		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2811		
TOTAL AMOUNT OF PAY	MENT (\$)	810.00		Attorney Docket	No.	3449-0567PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fec(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING	FEES imail Entity	SEAR	CH FEES Small Entity	EXAM	INATION FEES Small Entity	,	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee	(\$) Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description						Fee (\$)	Fee (\$) 26	
Each claim over 20 (including Reissues)						52 220	110	
Each independent claim over 3 (including Reissues) Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Dependent Claims	
- 20 or HP =	0	_ x		0.00		Fee (\$)	Fee Paid (\$)	
HP = highest number of tota Indep, Claims	l claims paid fo Extra Clair		Fee	Paid (\$)				
-3 or HP = 0 x = 0.00								
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
-100 = 0 /50 = 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Fee 810.00								
SUBMITTED BY /								
Registration No. 20529 Telephone 703-205-8000								
Signature / January	11.00	ea il	(Attomey/Agent)				

This concentral resolution is required by 72 CFR 1.56. The information is required to obtain or retain a branefit by the guides which is to fix can be young to the property of the property o

(Attorney/Agent)

Name (Print/Type) James T. Eller, Jr.